

# FORT WAINWRIGHT AMERICAN RED CROSS

## VOLUNTEER APPLICATION FORM

Last Name	First	Middle	Date of Birth
Home Address	City	State	Zip Code
Email Address	Phone Numbers: Home		Cell
Spouse's Full Name (if military, give grade)		Estimated PCS Date Month _____ Year _____	
Emergency Contact Name	Phone	Relationship to Volunteer	
<b>Previous Related Work &amp; Volunteer Experience</b>			
Organization Name	Address		Phone
From _____ To _____	Supervisor's Name/Title		
Organization Name	Address		Phone
From _____ To _____	Supervisor's Name/Title		
<b>Current License(s) – Professional and/or Technical</b>			
Type:	Number:	State:	Expiration Date:
<b>Education and Training (begin with most recent)</b>			
Institution Name	City/State	Degree/ Major	Dates Attended
<b>Previous Red Cross Experience / Certifications</b>			
Have you ever worked as a Red Cross Volunteer or Employee? <i>If Yes, Give Position, Dates, and Location.</i>			
Have you ever held any Red Cross certification (e.g., Health & Safety instructor, CPR/ First Aid)? <i>If yes, please list.</i>			
<b>Please list your interests, hobbies, and skills</b>			
<b>Where are you interested in volunteering? Check any locations or activities that interest you!</b>			
<input type="checkbox"/> Bassett Hospital/Kamish Clinic <input type="checkbox"/> Dental Assistant Program <input type="checkbox"/> Youth Programs <input type="checkbox"/> Veterinary Clinic <input type="checkbox"/> Fund Raising <input type="checkbox"/> CPR/First Aid Instructor <input type="checkbox"/> Special Events/Projects <input type="checkbox"/> FT. WW Schools <input type="checkbox"/> Thrift Shop <input type="checkbox"/> Library Services <input type="checkbox"/> Ft. WW Red Cross <input type="checkbox"/> AFES Casework <input type="checkbox"/> Leadership <input type="checkbox"/> Other _____			

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Volunteer Name \_\_\_\_\_

**VOLUNTEER CONSENT FOR REFERENCE AND BACKGROUND CHECKS**

I do hereby give the American Red Cross permission to inquire into my educational background, references, driving record, police records, employment, and/or volunteer history. I further give permission to the holder of any such records to release the same to the American Red Cross.

I do hereby hold the American Red Cross harmless from any liability, whether civil or criminal that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business, or corporation that provides information or documents to the above-named American Red Cross unit. I understand that the American Red Cross will use this information as part of its verification of my volunteer application and periodically for evaluation purposes.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Check Appropriate Box (optional)**

American Indian ☐

Asian/Pacific Islander ☐

Black, not Hispanic ☐

Hispanic ☐

White, not Hispanic ☐

**If you are volunteering to accommodate a Community Service agreement or a School Internship,  
please indicate how many hours are required, and to whom they need to be reported to.**


**FORT WAINWRIGHT AMERICAN RED CROSS  
1024 APPLE STREET  
(ACROSS FROM THE LAST FRONTIER CLUB)  
FORT WAINWRIGHT, AK  
907-353-7234**